RESPECT-2

Background

- A previous study (Project RESPECT) demonstrated that 2-visit HIV counseling is effective at reducing STDs
- In non-research settings, however, many clients do not return for HIV test results and do not receive the second counseling session
- The counseling intervention was effective at preventing STDs in the first 6 months, but effectiveness lessened over time

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Background

- Rapid HIV testing technologies allow people to be tested and receive their results during a single clinic visit
- Rapid HIV tests are likely to become widely used in the United States in the future

RESPECT-2
Overview

- RESPECT-2 Randomized Trial Objectives
  - To compare the effectiveness of single visit HIV counseling associated with a rapid HIV test to standard 2-visit HIV counseling
  - To determine whether an additional counseling (booster) session 6 months after initial HIV counseling is effective at sustaining reduced incidence of STDs
  - All counseling sessions follow a standardized protocol individualized to each participant's needs and circumstances

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Overview

- Participants
  - HIV-negative patients who come into one of three public STD clinics (Long Beach, Denver, and Newark) for STD examinations, and who provide informed consent
  - 15-39 years of age (Denver/Long Beach); 18-39 years of age (Newark)
  - Participants must live in the local area, speak English, and have had sex in the past 3 months

RESPECT-2
Overview

- Outcome Measures
  - Participants followed for 12 months at 3-month intervals
  - Audio Computer-Assisted Self Interview (Audio-CASI) behavioral questionnaire administered at baseline and each follow-up visit
  - Screened for incident STDs at each visit using laboratory tests

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Single-Visit HIV Counseling Protocol

- Initial Session (10-18 minutes)
  - Introduction and orientation
  - Enhancement of patient's self-perception of risk
  - Explore the specifics of most recent incident
  - Review previous risk reduction experiences
  - Synthesis of risk incident and risk pattern
- Results Session (10-21 minutes)
  - Provide test results
  - Negotiate risk reduction plan
  - Identify sources of support and provide additional referrals

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Standard HIV Counseling Protocol

- Initial session lasts approximately 20 minutes
- Results given during 15 minute counseling session at second visit, 7-10 days later
- Counseling protocol parallels rapid test protocol, with the exception that a risk-reduction plan is developed at each session
- The initial risk-reduction plan is a small step to be undertaken prior to the second visit

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Enrollment and 3-Month Follow-up (2/1/99-8/30/00)

- 2908 enrolled to date
- 3-month follow-up data on 1764
  - Sex
    - 54% Male (n=959)
  - Race/ethnicity
    - 47% African American (n=837)
    - 24% White (n=423)
    - 19% Latino (n=328)
    - 10% Other (n=176)
  - Mean age = 26 years (range 15-39)

Purpose of Poster

- The 3-month Audio-CASI interview includes questions, customized for each participant, assessing recall of the risk-reduction plan, success at achieving it, and barriers making it difficult to achieve
- This poster provides descriptive data about recall, success, and barriers, and compares responses for male and female participants

Construction of Risk-Reduction Plan Question

- At the 3-month visit, the participant's plan is entered into the ACASI program as response 2, with specific identifiers removed so that the choice is not obvious
- Two other plans are selected from a list of potential plans and entered as responses 1 and 3
- The two other plans that are chosen are not to be too similar to the correct plan, but must not be irrelevant to the participant's actual risk situation (e.g. plan about reducing alcohol use in sexual situations not used for participant who reports no alcohol use)

Sample Risk-Reduction Plan Question

- This is a list of risk reduction plans. If you recognize one of these plans as similar to your plan, please select it. If you do not recognize a plan, please select an answer that best describes your experience.
  - 1 Have fewer partners
  - 2 Use less alcohol when I have sex
  - 3 Use condoms more often
  - 4 None of these plans are familiar to me
  - 5 I do not remember my plan
  - 6 My counselor and I did not develop a risk reduction plan

Results

- 67% (n=1185) correctly identified plan, 28% (n=492) identified a plan that was not theirs, 5% (n=87) said none of the plans were familiar or could not remember
- After reminding those who did not correctly identify their plan, 92% (n=1628) of total reported trying to do plan
- Self-reported success of the 1628 who tried
  - 16% (n=259) very unsuccessful
  - 16% (n=252) somewhat unsuccessful
  - 32% (n=526) somewhat successful
  - 36% (n=591) very successful

Results

- Of the 1116 who reported some success at plan, most reported that their efforts were likely to have reduced their HIV/STD risk
  - 64% (n=713) very likely (40% of total sample)
  - 27% (n=301) likely (17% of total sample)
- Main reason given for not trying/not succeeding with plan (% of total N of 1764)
  - 3% (n=56) tried another plan
  - 3% (n=46) partner did not want to do it
  - 2% (n=41) forgot
  - 2% (n=39) too difficult
  - 2% (n=38) concerned about partner's reaction

Results

- Which things made doing the plan difficult? (Check all that apply; % of total N of 1764)
  - 12% I had concerns about my partner's reactions
  - 8% My partner was not cooperative or supportive
  - 7% It was uncomfortable for me
  - 6% It was hard to remember I had made the plan
  - 6% I needed someone to talk to about my plan
  - 5% I needed to change the plan to make it work
  - 3% I felt I needed more skills
  - 19% I had other barriers
  - 47% I did not have difficulty with the plan

Results

- As expected, a larger percentage of participants who correctly named their plan reported trying to do the plan and being successful at achieving the plan. These participants also reported fewer barriers to achieving the plan
- There were no differences between males and females in remembering the plan, trying to do the plan, or success in doing the plan. Females were significantly more likely to report that concerns about partner's reaction and lack of partner cooperation/support were barriers that made doing the plan difficult

Conclusions

- A majority of participants correctly identified their risk-reduction plan, most reported success at achieving it, and most felt that their efforts had reduced their risk
- Concern about partner's reaction or real lack of support/cooperation from partner(s) were the most commonly cited barriers to achieving the plan, especially for females. Additional efforts should be focused on dealing with real or perceived partner resistance
- For more information, please see `http://www.cdc.gov/hiv/projects/respect-2/`

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Study Group

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